

Health Department, City of Baltimore.

Permit No. A 7690

Office of Registrar of Vital Statistics.

Ward

11th

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 24th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Levining Preller

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 3 Months, Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

Moore's Alley # 558

Cause of Death, { First (Primary), Second (Immediate), }

Cholera Infantum

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Public

Date of Burial, July 25th 1887

{ Undertaker,

{ Place of Business, Health Dept Address,

L. S. Spanow M. D.

Medical Attendant.

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A 1691

Office of Registrar of Vital Statistics.

Ward (3rd)

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

July 22, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

James Bailey

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years,

45

Color,

Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Laborer

Duration of Residence in the City of Baltimore,

Twelve years

Place of Death, { Give Street and Number. }

227th Street Lang St.

Cause of Death, { First (Primary),

Cause of Death

Second (Immediate),

Exposure of Thigh

Duration of Last Sickness,

One year

All the above information should be furnished by the Physician.

Place of Burial, Cambridge Dorchester Co. Md.

Date of Burial, July 25, 1887

{ Undertaker, W. W. Menden

H. C. Clark

M. D.

Medical Attendant

{ Place of Business, 46 East St

Address, 1000 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

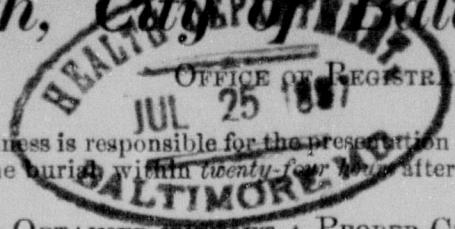
SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

4781 Trans

Board of Health, City of Baltimore, (92)

Permit No. A 1692



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 25. 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.

James H. Hoblitzel
(Res at Freudly Inn Baltimore)

Sex, Male or Female, { cross out the word not required in this line.

Age, 50 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line.

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number 307 S. Sharp St.) here a large iron mouth &

Cause of Death, { First, (Primary)

, Second, (Immediate)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cemt & Burial Myle

Date of Burial, July 25 1887

M. D.

Medical Attendant,

Undertaker, Geo. E. Brown

Place of Business, Health Office

Address, 507 W. Dorchester

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The special attention of Physicians is respectfully invited to the following, and to the undersigned.

Health Department, City of Baltimore.

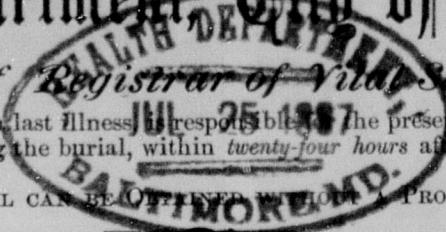
Permit No. **A 1693**

Office of Registrar of Vital Statistics.

Ward **14**

The Physician who attended any person in his last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE ISSUED WITHOUT A PROPER CERTIFICATE.



B

CERTIFICATE OF DEATH.

Date of Death,

July 25. 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Emma George

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, **1** Years,

11 Months,

14 Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Ballroom

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Lifetime

Duration of Residence in the City of Baltimore,

1820 **Lemore et**

Place of Death, { Give Street and Number. }

Cholera Infantum
Inflammation of brain

Cause of Death, { First (Primary),

2 weeks

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, **Loudon Park, Boro.**

Date of Burial, **July 27/87**

{ Undertaker,

J. B. Cook

James Bocley M. D.

Medical Attendant.

{ Place of Business, **1003 W. Baltimore Street, 1901 Hollins**

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

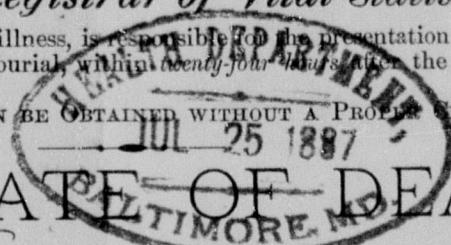
The Special Attention of Physicians is respectfully invited to the remarks below, and to the use of discolor on back of this certificate.

Health Department, City of Baltimore.

Permit No. A 1694 Office of Registrar of Vital Statistics. Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, July 25th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Gottfried Fonderhut

(Vonderhut)

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years, 6 Months, 0 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 1115 S. Paia. St.

Cause of Death, { First (Primary), Measles. }

{ Second (Immediate), Congestion of Lungs. }

Duration of Last Sickness, 1 wk.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 26

{ Undertaker, H. W. Neuber

M. D.

Medical Attendant.

{ Place of Business, 684 W. Pratt Address, 814 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A 1695 Office of Registrar of Vital Statistics. Ward 16^a

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, July 24th 1887Full Name of Deceased, John S Martin { Write legibly and spell correctly. If an Infant not named, give names of parents. }Sex, Male or Female, { Cross out the word not } MaleAge, 40 Years, 4 Months, 29 Days.Color, WhiteMarried, Single, Widow or Widower, { Cross out the words not } Single { required in this line. }Occupation, BaltimoreBirth Place, { State or country, and how long in the United States, if of foreign birth. } BaltimoreDuration of Residence in the City of Baltimore, All his lifePlace of Death, { Give Street and Number. } S E Pa Paros BarnardCause of Death, { First (Primary), Cholera Infantum Second (Immediate), }Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western CemeteryDate of Burial, July 26th 1887Undertaker, John SchaeferPlace of Business, S E Pa Paros Barnard

Theodore Gute

M. D.

Medical Attendant,

[OVER.]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Health Department, City of Baltimore.

Permit No. A1696

Office of Registrar of Vital Statistics.

Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 23rd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Kaylor

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 80 Years, Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, 80 yrs

Place of Death, { Give Street and Number. } # 1414 Preston St

Cause of Death, { First (Primary), Dysentery. Second (Immediate), }

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, July 26/87

{ Undertaker, Berry & Mitchell } H. G. Prentiss, M. D.

Medical Attendant.

{ Place of Business, 1200 N Fayette } Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department City of Baltimore.

Permit No. A 1697

Office of Registrar of Vital Statistics.

Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 24th 1887

Full Name of Deceased, Minnie Mohn { Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 53 Years, 6 Months, 28 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Kurhessen Germany

Duration of Residence in the City of Baltimore, 30 years.

Place of Death, { Give Street and Number. } 813 Scott St.

Cause of Death, { First (Primary), Cholera Morbus. Second (Immediate), Exhaustion }

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 26th 1887

Undertaker, Frederick Wiegand

H. W. Webster

M. D.

Medical Attendant.

Place of Business, 1006 Druid Hill Ave

Address, 814 N. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

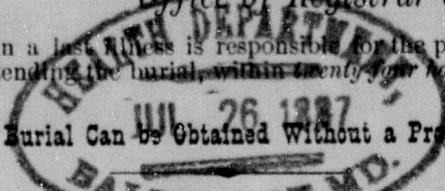
Board of Health, City of Baltimore

Permit No. A. 1698

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



B

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Elizabeth Cooper

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 55 Years,

Months,

Days.

Color, color

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Domestic

N. Meekels, M.D.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

119 Mc. Elderry. St.

Cause of Death, { First, (Primary.) }

Second, (Immediate.)

Asthma

Exhaustion

Duration of Last Sickness,

Six Months

All the above information should be furnished by the Physician.

Place of Burial, Saint Patrick's Cemetery

Date of Burial, July 26 1887 Dr. W. Baskman, M.D.,

Medical Attendant.

{ Undertaker, Charles L. Butler

{ Place of Business, 15010 E. Carlton Street Address, 1918 E. Fayette St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

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(over.)

Health Department, City of Baltimore.

Permit No.

1699

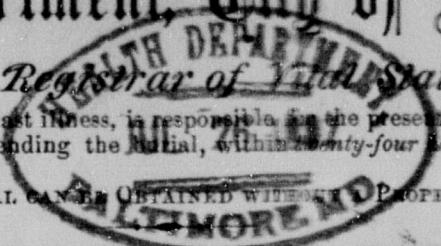
Office of Registrar of Vital Statistics.

Ward

12 2/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the Burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Aug 25th 1887

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Agustine G. Bradburn

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 63 Years,

3 Months,

28 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give Street and Number. }

1608 Park Ave

Cause of Death, { First (Primary),

Chronic Systenitis of Brain

Second (Immediate), Apoplectic Coma

Duration of Last Sickness,

I do not know: she was first seen by me 10 days

before her death, & had then been ill for some months

Place of Burial, GREEN MORN

Date of Burial, 27th July 1887

{ Undertaker, H W Jenkins & Sons }

A. C. Cherr

M. D.

Medical Attendant.

{ Place of Business, Park & Saratoga Sts Address, 215 W. Lawrence

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]